

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

317 000-029654

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. **818** Primary Registration District No. **1003** Registrar's No. **7602** STATE FILE NUMBER **63-029654**

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY St Louis	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St Louis	a. STATE ILL	b. COUNTY ST CLAIR
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St Johns		c. CITY OR TOWN E. St Louis ILL	d. STREET ADDRESS (If outside, give location) 708 N 25
3. NAME OF DECEASED (Type or print) First Middle Last WILLIAM HENRY ALSTON		4. DATE OF DEATH Month Day Year 7 23 1963	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4-19-1890
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Vice President		10b. KIND OF BUSINESS OR INDUSTRY PARKING Metcor	9. AGE (last birthday) 73
11a. FATHER'S NAME HENRY A. ALSTON		11b. MOTHER'S MAIDEN NAME MARY ETTA DELAY	9. AGE (last birthday) 73
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT BELL ALSTON
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		12. CITIZEN OF WHAT COUNTRY U.S.A.	
IMMEDIATE CAUSE (a) Myocardial Disease		14. NAME OF HUSBAND OR WIFE Rddie ALSTON	
DUE TO (b) Carcinoma of Prostate with Metastasis		14. NAME OF HUSBAND OR WIFE Rddie ALSTON	
DUE TO (c) 177X		14. NAME OF HUSBAND OR WIFE Rddie ALSTON	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Hydrocephalus bilateral		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION	
20g. COUNTY		20h. STATE	
21. I attended the deceased from Aug 19 35 to July 23 1963 and last saw her alive on July 23 1963		21. I attended the deceased from Aug 19 35 to July 23 1963 and last saw her alive on July 23 1963	
22a. SIGNATURE (Degree or title) W. S. Marshall M.D.		22b. ADDRESS 3720 Washington	
22c. DATE SIGNED July 24 63		22d. LOCATION (City, town, or county) BELLE VILLE ILL	
23a. BURIAL CREMATION, REMOVAL (Specify)	23b. DATE 7-27-1963	23c. NAME OF CEMETERY OR CREMATORY VALHALLA	23d. LOCATION (City, town, or county) BELLE VILLE ILL
24. FUNERAL DIRECTOR J. Dewey Holten		25. DATE RECD. BY LOCAL REG. 7-24-1963	
26. REGISTAR'S SIGNATURE Lois Smith. M.D.		26. REGISTAR'S SIGNATURE Lois Smith. M.D.	

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

10812

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by Not Embalmed, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Jr. Danny Holter

Licensed Embalmer No. 5239

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.